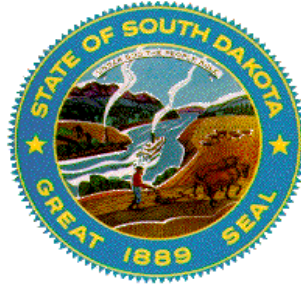


PHOTO
2" X 2"



South Dakota State Board of Chiropractic Examiners

INSTRUCTIONS

1. Application for chiropractic assistant radiographic preceptor program accompanied by the Twenty-five (\$25.00) dollar application fee, payable to "SOUTH DAKOTA BOARD OF CHIROPRACTIC EXAMINERS" must be on file with the secretary of the Board at least thirty (30) days before preceptor is allowed to participate in the program.
2. Attach to the application in the space marked an original unretouched photograph taken within the past six (6) months showing head and shoulders front view, size 2" x 2".
3. Answer all questions completely and correctly to the best of your knowledge.
4. ALL REQUIREMENTS HEREIN CONTAINED MUST BE FULLY COMPLIED WITH.

APPLICATION FOR CHIROPRACTIC ASSISTANT RADIOGRAPHIC PRECEPTOR PROGRAM

1. Full Name _____ M _____ S _____ D _____
2. Permanent Address _____ City _____ State _____ Zip _____
3. Birthplace _____ Date of Birth _____ Age _____ Sex _____
4. College Education: From _____ 19 ____ to _____ 20 ____ Degree _____
College Name & Location _____
5. Education: Chiropractic Radiology: _____ Total Hours _____
College or Agency _____
6. Other Radiographic training: From _____ 19 ____ to _____ 20 ____ Hours _____
College or Agency _____
7. Location of Preceptorship _____ Start Date _____

AFFIDAVIT

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I also agree to abide by the laws of the state of South Dakota concerning the practice of Chiropractic.

Witness my hand this _____ day of _____ 20____

In testimony whereof, witness my hand and seal of
office this _____ day of _____ 20____

My Commission Expires: _____ 20____
(SEAL)

Signature of Applicant

Notary Public

County _____

STUDENT REQUIREMENTS

All information is due in this office 30 days prior to placement of the student. The student cannot be placed until final approval is received from the Board of Examiners in writing.

1. Application for preceptor program must be on file with the Secretary of the Board at least 30 days before preceptor is allowed to participate in the program. Please send this information to SDBCE, c/o Marcia Walter, Executive Secretary, 407 Belmont Ave, Yankton, SD 57078.
2. Please submit a \$25.00 application fee, payable to the South Dakota Board of Chiropractic Examiners.
3. Letter of recommendation stating the names of the student applicant and board approved doctor applicant, doctor's office address, and dates of the term. A certified statement that the student has: completed all required classroom courses, number of unpaid hours that need to be obtained through the program, the practicum guidelines in respect to logging hours, evaluations, areas of work, etc.

STUDENT QUALIFICATIONS

1. The applying student will be of good moral character.
2. The applying student will be in good academic standing with his college.
3. The program will be open only to those who have successfully completed the prerequisite didactic portion of a Chiropractic Assistant curriculum.
4. The student will take his/her own responsibility for living arrangements and transportation.
5. The student will be assigned to one office and will stay there the duration of the internship.
6. The Board of Examiners can remove a student from the preceptor program at anytime.

DOCTOR QUALIFICATIONS

1. The doctor acting as preceptor will be in practice a minimum of five years.
2. The doctor must provide the student at all times while receiving her/his practicum experience with supervision by qualified personnel. The students are not to replace staff during the rotation.
3. The doctor must have had no board infraction in the last two years.
4. The doctor must have adequate malpractice insurance and be prepared to show proof of such insurance if requested by the Board of Examiners.
5. The doctor must recognize the Chiropractic Assistant as a participant in an educational program and to cooperate in providing learning situations for the student that will contribute to his/her development as a Chiropractic Assistant.
6. Any doctor found in violation of the rules and guidelines of this program, will face disciplinary action by the Board of Examiners.
7. The Board of Examiners may make unannounced, periodic visits to facilities to assure that the program is being maintained properly.



DEPARTMENT OF HEALTH

SOUTH DAKOTA BOARD OF CHIROPRACTIC EXAMINERS

Steven L. Headrick D.C. DABCO
Office of President
109 East 2nd
Flandreau, SD 57028-1222

Thomas D. Stotz D.C. DABCO
Vice President
216 West 3rd Street
Yankton, SD 57078-4323

Robin R. Lecy D.C.
Office of Secretary/Treasurer
1406 Mt. Rushmore Rd.
Rapid City, SD 57701-4582

Brad K. Schmidt D.C.
Board Member
P.O. Box 37
Marion, SD 57043-0037

Ione Neuharth
Lay Member
914 North Huron
Pierre, SD 57501-1436

CHIROPRACTIC ASSISTANT/RADIOGRAPHIC ASSOCIATE PROGRAM PRECEPTOR APPLICATION

Doctor's Name _____ Date _____

Clinic Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Chiropractic College _____ Date of Graduation _____

States of Chiropractic Licensure _____

Has your license ever been suspended or revoked? _____ If Yes, name State _____

Explain circumstances _____

Malpractice insurance company and policy number: _____

Number of years in practice _____ Number of years in South Dakota _____

Number of doctors in clinic _____ Number of CA's _____

Approx. clinic size _____ sq. ft. Number of treatment rooms _____

How many patients treated during an average week? _____

Average number of new patients per week? _____

What type of x-ray machine do you use? _____

Do you use automatic processing? _____

Approximately how many x-ray studies do you average per week? _____

What is your current South Dakota Department of Health radiation source license number? _____

What radiation safety measures are implemented in your office (ex. collimation, gonadel protection, dosimetry)? _____

Please state your practice philosophy with regard to differential diagnosis, chiropractic analysis, treatment approaches, record keeping, and practice management methods.

Please state briefly why you wish to include a chiropractic radiographic assistant in your practice.

Please return this application with a copy of the coverage of your malpractice insurance policy to:

**South Dakota Board of Chiropractic Examiners
c/o Marcia Walter, Executive Secretary
407 Belmont Ave
Yankton, SD 57078**